Welcome to today’s session!
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Overall Program Aim

The aim of this Expedition, Managing Advanced Disease and Palliative Care, is to help health professionals empower patients and families to make more informed choices about the use of specific life-sustaining treatments when coping with a serious illness.

Objectives of Expedition

- **Describe** the positive outcomes for all parties — patients with advanced illness, their families, health care providers, and institutions — that arise from outstanding informed consent, education, and advance care planning
- **Assess** their current system for conducting and documenting the informed consent conversation process at critical junctures in advanced illness: initiating tube feeding, kidney dialysis, or antibiotics
- **Identify** process steps and test improvements in the informed consent, documentation, and education processes for patients and families
- **Develop** a quality monitoring process for ongoing assessment of compliance with informed consent standards

This Expedition

- Certain medical interventions provide critical junctures that allow us to pause and connect with patients and their families about what the goals of care. These conversations can prevent us from being in the position of providing care that is excessive in relation to their wishes or their course of illness.
- A central tenet of palliative care is to match the right procedure for the right patient at the right time.
Introducing faculty

• Alvin H. Moss, MD
  — Professor of Medicine, West Virginia University
  — Nephrologist and Palliative Medicine Physician
• David E. Weissman, MD
  — Professor Emeritus, Palliative Care Program, Medical College of Wisconsin
  — Consultant, Center to Advance Palliative Care

Today’s Focus…

• Hearing what teams have been testing to improve informed consent conversations about kidney dialysis
• Shared learning
• Opportunity to ask questions
• Preparation for session 4 about feeding tube placement informed consent conversations

Review: Discussing RRT

• Shared decision-making
• Estimation of prognosis
• Goals of care discussion based on health state and patient’s wishes
• Documentation of wishes in advance directive and POLST form
• System to respect wishes
Conclusions from Session 2

• Guidelines exist for who should be dialyzed.
• There is a recommended process for making decisions about dialysis.
• Patients who will do poorly can be predicted with reasonable accuracy, and for them, dialysis may not confer a survival advantage.
• Discussion and documentation within a system is necessary to ensure that patients’ wishes are respected.

Your turn

• What have you tried/tested since our last session?
• What questions do you have?

Homework

• Review 10 charts of hospitalized patients who had a feeding tube placed in the last six months
• Examine the documentation for the dialysis discussion:
  ─ Procedure description
  ─ Risks and Benefits including prognosis
  ─ Alternatives including no feeding tube
  ─ Clinician Recommendation
Next Sessions

Session #4: May 26th 1-2pm ET
• Carol Monteloni will be our guest speaker re: feeding tubes

Then:
Session #5: June 9th 1-2pm ET
• Teams report out about testing for feeding tubes informed consent processes